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CONFIRMATION NO. 7283

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|---|---|-------------------------------|--|------------------------------------|--------------------------------|
| SERIAL NUMBER 10/075,120 | FILING OR 371(c) DATE 02/13/2002 RULE | CLASS 600 | GROUP ART UNIT 3736 | ATTORNEY DOCKET NO. 6370 | |
| APPLICANTS Clive Pai, North Riverside, IL; Cheryl Petersen, Port Washington, WI; Arvid Brekke, Esko, MN; Mary Ellen Bulow, Palos Heights, IL; Erinn Ewers, Chicago, IL; | | | | | |
| ** CONTINUING DATA ***** This appln claims benefit of 60/268,296 02/13/2001 | | | | | |
| ** FOREIGN APPLICATIONS ***** | | | | | |
| IF REQUIRED, FOREIGN FILING LICENSE GRANTED ** 04/10/2002 | | | | | |
| Foreign Priority claimed <input type="checkbox"/> yes <input type="checkbox"/> no 35 USC 119 (a-d) conditions <input type="checkbox"/> yes <input type="checkbox"/> no <input type="checkbox"/> Met after met Allowance Verified and Acknowledged _____ Examiner's Signature Initials | | STATE OR COUNTRY IL | SHEETS DRAWING 6 | TOTAL CLAIMS 22 | INDEPENDENT CLAIMS 3 |
| ADDRESS 22922 | | | | | |
| TITLE SPINAL PROPRIOCEPTION METHODS AND RELATED SYSTEMS | | | | | |
| FILING FEE RECEIVED 539 | FEES: Authority has been given in Paper No. _____ to charge/credit DEPOSIT ACCOUNT No. _____ for following: | | <input type="checkbox"/> All Fees <input type="checkbox"/> 1.16 Fees (Filing) <input type="checkbox"/> 1.17. Fees (Processing Ext. of time) <input type="checkbox"/> 1.18 Fees (Issue) <input type="checkbox"/> Other _____ <input type="checkbox"/> Credit | | |